



VITAL RECORDS REQUEST FORM

Willie L. Covington, Durham County Register of Deeds
 Post Office Box 1107 Durham, NC 27702
 Phone: 919-560-0493 Fax: 919-560-7221

Certified Copies (Birth/Death/Marriage) - \$10 each – (to be used for legal purposes)

Uncertified Copies (Birth/Death/Marriage) - \$1 each

Certified Marriage Certificate (Decorative only) w/ 2 laminated wallets - \$20; w/ 1 laminated wallet - \$17.50

BIRTH CERTIFICATE	Full Name at Birth: _____ First Middle Last	<input type="checkbox"/> Certified #copies ____ <input type="checkbox"/> Uncertified #copies ____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Office Use Only ____Cash ____Check ____CC ID Furnished _____ Exp Date _____ Verified By _____ </div>
	Date of Birth: _____ Month/Day/Year	
	Father's Full Name: _____ First Middle Last	
	Mother's Full Maiden Name: _____ First Middle Last	
DEATH CERTIFICATE	Full Name of Deceased: _____ First Middle Last	<input type="checkbox"/> Certified #copies ____ <input type="checkbox"/> Uncertified #copies ____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Office Use Only ____Cash ____Check ____CC ID Furnished _____ Exp Date _____ Verified By _____ </div>
	Date of Death: _____ Month/Day/Year	
MARRIAGE CERTIFICATE	Full Name of Groom: _____ First Middle Last	<input type="checkbox"/> Certified #copies ____ <input type="checkbox"/> Uncertified #copies ____ <input type="checkbox"/> Wallet Size #wallets ____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Office Use Only ____Cash ____Check ____CC ID Furnished _____ Exp Date _____ Verified By _____ </div>
	Full Name of Bride: _____ First Middle/Maiden Last	
	Date of Marriage: _____ Month/Day/Year	

Your relationship to the person whose certificate is being requested: (Check One)

(Document to show proof of relationship required)

- ☐ Self
 ☐ Spouse
 ☐ Sibling
 ☐ Child
 ☐ Parent
 ☐ Grandparent
 ☐ Grandchild
☐ Seeking information for legal determination of personal or property rights
☐ Authorized agent, attorney or legal representative of the person(s) listed (Proof Required)

I hereby certify that all of the above information given is true to the best of my knowledge and belief (NC General Statute 130A-93 and 130A-99).

Signature of Person Requesting Certificate

Name on Credit Card

Printed Name of Person Requesting Certificate

Credit Card # (Visa, MasterCard, Discover)

Physical Street Address

Expiration Date Security Code

City, State and Zip Code

Telephone Number Today's Date

*** A state-issued picture ID (current driver's license, ID or passport) is required for certified copies.